

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
2012 OCT 11 AM 10:59  
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Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 4009



Check if different  
than previously  
reported. (ACC)

CHEYENNE

WY

82003-4009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00028415

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12B)



Runoff (12B)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

5. Covering Period

07 / 01 / 2012

07 / 01 / 2012

07 / 01 / 2012

through

09 / 30 / 2012

09 / 30 / 2012

09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sheila Bush

Signature of Treasurer

Sheila Bush

Date

10 / 08 / 2012

10 / 08 / 2012

10 / 08 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

12030900514

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003).

Page 2

Write or Type Committee Name

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 ' 01 ' 2012

To:

09 ' 30 ' 2012

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2012

1310220

(b) Cash on Hand at  
Beginning of Reporting Period.....

1472454

(c) Total Receipts (from Line 19).....

10000

260000

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

1482454

1570220

7. Total Disbursements (from Line 31).....

345123

432889

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

1137331

1137331

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07' 01' 2012

To:

09' 30' 2012

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees  
(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

50000

10000

10000

10000

10000

10000

50000

210000

260000

260000

260000

260000

12030900516

### of Disbursements

Page 4

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

- 5541
- 5541
- 339582
- 345123
- 345123

13307  
13307  
80000

339582

432889  
432889

12030900517

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3)..... ▶
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ▶

10000
00
10000
5541
00
5541

260000
00
260000
13307
00
13307

12030900518

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 1 OF 3

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

WAYNE JOHNSON Campaign

Mailing Address

5502 Canyon Rd

City

Cheyenne

State

WY

Zip Code

82009

Purpose of Disbursement

Campaign Contribution

Candidate Name

Wayne H. Johnson

011

Category/  
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: WY

District: 06

Date of Disbursement

08 ' 09 ' 2012

Amount of Each Disbursement this Period

15000

B.

Stan Cooper Campaign

Mailing Address

417 Agate Street

City

Kemmerer

State

WY

Zip Code

83101

Purpose of Disbursement

Campaign Contribution

Candidate Name

Stan Cooper

011

Category/  
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: WY

District: 14

Date of Disbursement

08 ' 09 ' 2012

Amount of Each Disbursement this Period

25000

C.

Elaine Harvey for House District #26

Mailing Address

192 Garfield Ave

City

Lowell

State

WY

Zip Code

82431

Purpose of Disbursement

Campaign Contribution

Candidate Name

Elaine Harvey

011

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: WY

District: 26

Date of Disbursement

08 ' 09 ' 2012

Amount of Each Disbursement this Period

25000

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65000

12030900519

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Patrick Bishop Campaign

Mailing Address: 1822 Woolwick Ct

City: Casper State: WY Zip Code: 82609

Purpose of Disbursement: Campaign Contribution

Candidate Name: Patrick Bishop

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: WY District: 35

Date of Disbursement: 08/09/2012

Amount of Each Disbursement this Period: 500.00

Category/Type: 011

**B.** Bob Fecht Campaign

Mailing Address: 7610 Cattlemans Dr.

City: Cheyenne State: WY Zip Code: 82009

Purpose of Disbursement: Campaign Contribution

Candidate Name: Bob Fecht

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: WY District: 42

Date of Disbursement: 08/09/2012

Amount of Each Disbursement this Period: 250.00

Category/Type: 011

**C.** Charles Scott Campaign

Mailing Address: 13900 State Hwy 487

City: Casper State: WY Zip Code: 82604

Purpose of Disbursement: Campaign Contribution

Candidate Name: Charles Scott

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: WY District: 30

Date of Disbursement: 08/09/2012

Amount of Each Disbursement this Period: 1,495.82

Category/Type: 011

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2245.82

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Friends of Barrasso Campaign

Mailing Address

P.O. Box 52008

City

Casper

State

WY

Zip Code

82605

Purpose of Disbursement

Campaign Contribution

Candidate Name

Senator John Barrasso

011

Category/  
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: WY

District:

Date of Disbursement

09/18/2012

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM/DD/YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM/DD/YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00  
3,395.82



Fax Number (307) 632-1973

E-mail Address [mcowley@wyomed.org](mailto:mcowley@wyomed.org)

Select the appropriate FECFile User Manual:

☐ Candidate Committees (Authorized Committees)

☒ PAC, Party, and Other Committees (Unauthorized Committees)

### Federal Election Commission

999 E Street, NW  
Washington, DC 20463

Office #: 202-694-1293

Fax #: 202-219-0674

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Federal Election Commission  
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*JMLW*

PREPARER

(3/2005)

*10/11/12*

DATE PREPARED

12030900523